

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35624**
Registrar's No. **337**

Registration District No. **316**

Primary Registration District No. **6075**

1. PLACE OF DEATH:

(a) County **St. Francois**
(b) City or town **Farmington** **RURAL** **St. Francois**
(c) Name of hospital or institution: **State Hospital No. 1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **16 das.**
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME **Allen R. Stansbury**

3. (b) If veteran, name was **none** 3. (c) Social Security No. **498-01-7343**

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Melanie Stansbury** 6. (c) Age of husband or wife if alive **years**
7. Birth date of deceased **Feb. 18 1898**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
45 7 11 hr. min.

9. Birthplace **St. Louis** **Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Box Factory**

11. Industry or business **Thomas Stansbury**

12. Name **St. Louis** **Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Kate Potthof** (State or foreign country)

15. Birthplace **St. Louis** **Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Melanie Stansbury**
(b) Address **225 Horn Avenue** **Hospt. Record** **Farmington Mo.**

17. (a) **burial** (b) Date thereof **10-2-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Park Lawn Cemetery**
Southern Funeral Home

18. (a) Signature of funeral director **6322 South Grand Blvd.**
(b) Address

19. (a) **October 4-1943** (b) **Byrdie Bukhmer**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
(c) City or town **St. Lemay**
(If outside city or town limits, write "RURAL")
(d) Street No. **225 Horn Avenue**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **29**
year **1943** hour **3** minute **30** a. m.

21. I hereby certify that I attended the deceased from **August 13, 1943** to **Sept. 29, 1943**
that I last saw him alive on **Sept. 29, 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary Tuberculosis 1 yr.**

Due to _____
Due to _____

Other conditions **Alcoholic Psychosis 2 mo.**
(Include pregnancy within 3 months of death)

Major findings: Of operations **13 Pl**
Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place)
(e) Means of injury _____

23. Signature **Dr. J. H. St. Louis** (M.D. or other)
Address **Farmington - Mo.** Date signed **9/29/43**

(Licensed Embalmer's Statement on Reverse Side) **Farmington, Mo.**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 4
District File Number 1143-2876
Date Filed 11-5-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.
working under my personal supervision.

Signed.....

Vincent L. Berryman
Licensed Embalmer No. 4018

P. O. Address.....

St Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.